



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	08/805,813
		Filing Date	February 26, 1997
		First Named Inventor	Mitsuhara, Ichiro
		Art Unit	1638
		Examiner Name	Kubelik, Anne R.
Total Number of Pages in This Submission		Attorney Docket Number	085760-000000US

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	Cited Reference AA
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	The Commissioner is authorized to charge any additional fees or Deposit Account 20-1430.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP Matthew E. Hirsch	
Signature		
Date		

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**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Aaron Hokamura		
Signature		Date	October 13, 2003

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180)

Complete if Known	
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#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

#### FEE CALCULATION

##### 1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

##### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims		Fee Paid
	Fee from below	Fee Paid	
Independent Claims			
Multiple Dependent	X		

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\* or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		Fee Code	Fee (\$)		
		1051	130	2051 65 Surcharge - late filing fee or oath	
		1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
		1053	130	1053 130 Non-English specification	
		1812	2,520	1812 2,520 For filing a request for reexamination	
		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
		1251	110	2251 55 Extension for reply within first month	
		1252	420	2252 210 Extension for reply within second month	
		1253	950	2253 475 Extension for reply within third month	
		1254	1,480	2254 740 Extension for reply within fourth month	
		1255	2,010	2255 1,005 Extension for reply within fifth month	
		1401	330	2401 165 Notice of Appeal	
		1402	330	2402 165 Filing a brief in support of an appeal	
		1403	290	2403 145 Request for oral hearing	
		1451	1,510	1451 1,510 Petition to institute a public use proceeding	
		1452	110	2452 55 Petition to revive - unavoidable	
		1453	1,330	2453 655 Petition to revive - unintentional	
		1501	1,330	2501 655 Utility issue fee (or reissue)	
		1502	480	2502 240 Design issue fee	
		1503	640	2503 320 Plant issue fee	
		1460	130	1460 130 Petitions to the Commissioner	
		1807	50	1807 50 Petitions related to provisional applications	
		1806	180	1806 180 Submission of Information Disclosure Stmt	180
		8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
		1809	770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	2801 385 Request for Continued Examination (RCE)	
		1802	900	1802 900 Request for expedited examination of a design application	
		Other fee (specify) -----			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$180)			

#### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Matthew E. Hirsch	Registration No. (Attorney/Agent)	47,651	Telephone	415-576-0200
Signature				Date	

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